U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -	2. Fiscal Year Covered From:	
5855	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Anthony D Regner	Name UA Local #6	
	Labor Organization File Number 046886	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 6375	
Street 3902 Chip Shot Ln SE	Street 1470 Industrial Dr. NW	
City Rochester	City Rochester	
State Minnesota ZIP Code + 4 55904	State Minnesota ZIP Code + 4 55903	
5. Position in labor organization. Recording Secretary		
Enter appropriate data below If, during the past fiscal year, you or your spot		
(except as specified in the exclu	sions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or o	derived income or other economic benefit of	
monetary value from an employer whose employees your organization		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Greg Nesler	Pheasant hunting.	
Trade Name, if any: Rochester Plumbing and Heating		
P.O. Box, Bldg., Room No., if any PO BOX 7125		
Brownstates over a particular of the contract	7.b. Amount.	
Chrost		
Street 2728 7th St NW		
Make a detailed to differ the different and the miles and the register of the different and the differ		
City Rochester	\$500	
State Minnesota ZIP Code + 4 55903		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information		
submitted in this report (including the information contained in any accompany	ing documents), has been examined by the signatory and is, to the best of the	
undersigned's knowledge and belief, true, correct, and complete. (See the sec	ction on penalties in the instructions.)	

Signed

Telephone Number

Name of Person Filing Anthony D. Regner	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Putnam Investments	benavier	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Street One Post Office Square	c. Employer	
City Boston		
State Massachusetts ZIP Code + 4 02109		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Plumbers and Steamfitters Local #6 Pension	Fund Manager	RB H443MAZITURURURURURURURURURURURURURURURURURURUR
Trade Name, if any:		nerginal and the second
P.O. Box, Bldg., Room No., if any		
Street 1470 Industrial Dr NW	11.b. Approximate dollar value of such dealing.	UNKNOWN
City Rochester	12.a. Nature of interest held or income received.	Actual control of the
En que recome no surveiro destruto instituto instituto de su mando		
State Minnesota ZIP Code + 4 55903	Golf Outing	
	Golf Outing 12.b. Amount.	
	12.b. Amount. r parts A and B above)	
State Minnesota ZIP Code + 4 55903 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment.	Transpersonate indicates del des conservoires infriend al des cycle de conservações en la conservações de la
State Minnesota ZIP Code + 4 55903 C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	12.b. Amount. r parts A and B above) or other thing of value.	Transpersonate indicates del des conservoires infriend al des cycle de conservações en la conservações de la
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Steve Petterson	12.b. Amount. r parts A and B above) or other thing of value. 14.a. Nature of payment. Registration fee for UAC (Union A	Transpersonate indicates del des conservoires infriend al des cycle de conservações en la conservações de la
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